

**MEDICAID PROGRAMS DESK AID**

Effective January 1, 2006

| COVERAGE GROUP                                      | RESOURCE LIMIT  | MONTHLY INCOME LIMITS      |                                     |                               |  |           |               |           |           |
|---|---|----------------------------|-------------------------------------|-------------------------------|--|-----------|---------------|-----------|-----------|
| Food Stamps Regular                                 | \$3000 if 1 or more HH member(s) age 60 or over \$2000 all other applicant HH               |                            | Household Size                      |                               |  |           |               |           |           |
|   |   |                            | 1                                   | 2                             | 3  | 4         | 5             | 6         | 7         |
|   |   | Gross                      | \$1037                              | \$1390                        | \$1744   | \$2097    | \$2450        | \$2803    | \$3156    |
|   |   | Net                        | \$798                               | \$1070                        | \$1341   | \$1613    | \$1885        | \$2156    | \$2428    |
|   |   | Allot.                     | \$152                               | \$278                         | \$399  | \$506     | \$601         | \$722     | \$798     |
| FMAP and FMAP-Related Medicaid                      | \$2000 per applicant HH (prior to approval)<br><br>\$5000 per recipient HH (after approval) |                            | Household Size                      |                               |  |           |               |           |           |
|   |   |                            | 1                                   | 2                             | 3  | 4         | 5             | 6         | 7         |
|   |   | Test 1                     | \$675.25                            | \$1330.15                     | \$1570.65                                      | \$1824.10 | \$2020.20     | \$2249.60 | \$2469.75 |
|   |   | Test 2                     | \$365                               | \$719                         | \$849  | \$986     | \$1092        | \$1216    | \$1335    |
|   |   | Test 3                     | \$183                               | \$361                         | \$426  | \$495     | \$548         | \$610     | \$670     |
| Expanded SLMB (QI-1)                                | \$4000 for 1<br>\$6000 for 2  | 120% PL -less than 135%    | Family Size                         |                               | Income of                                      |           | But Less Than |           |           |
|   |   |                            | 1                                   |                               | \$957  |           | \$1077        |           |           |
|   |   |                            | 2                                   |                               | \$1283   |           | \$1444        |           |           |
| <b>Nursing Facility and Elderly Waiver (Couple)</b> |   |                            |                                     |                               |  |           |               |           |           |
| <b>Income</b>                                       | <b>\$1809</b>   | <b>(\$1809 x 2)</b>        |                                     |                               |  |           |               |           |           |
| <b>Resources</b>                                    | <b>\$2000 individual</b>  | <b>Miller Trust</b>        |                                     |                               |  |           |               |           |           |
|   | <b>\$3000 couple (both in facility)</b>   | <b>\$1809- \$3618</b>      |                                     |                               |  |           |               |           |           |
| Qualified Medicare Beneficiaries                    | \$4000 for 1<br>\$6000 for 2  | 100% Poverty level         | Family Size                         |                               |  |           |               |           |           |
|   |   |                            | 1                                   | 2                             |  |           |               |           |           |
|   |   |                            | \$798                               | \$1070                        |  |           |               |           |           |
| Qualified Working & Disabled                        | \$4000 for 1<br>\$6000 for 2  | 200% Poverty level         | Family Size                         |                               |  |           |               |           |           |
|   |   |                            | 1                                   | 2                             |  |           |               |           |           |
|   |   |                            | \$1595                              | \$2139                        | (Includes Additional Earned Income Disregards) |           |               |           |           |
| SSI-Related Medicaid                                | \$2000 for 1<br>\$3000 for couple   |                            | Family Size (Couple in own home)    |                               |  |           |               |           |           |
|   |   |                            | 1                                   | 2                             |  |           |               |           |           |
|   |   |                            | \$603                               | \$904                         |  |           |               |           |           |
| Medically Needy                                     | \$10,000 per HH   |                            | Medically Needy Income Level (MNIL) |                               |  |           |               |           |           |
|   |   |                            | Family Size                         |                               |  |           |               |           |           |
|   |   |                            | 1                                   | 2                             | 3  | 4         | 5             | 6         | 7         |
|   |   |                            | \$483                               | \$483                         | \$566  | \$666     | \$733         | \$816     | \$891     |
| Specified Low-Income Medicare Beneficiaries         | \$4000 for 1<br>\$6000 for 2  | 100% PL -less than 120% PL | Family Size                         |                               | Income Of                                      |           | But Less Than |           |           |
|   |   |                            | 1                                   |                               | \$798  |           | \$957         |           |           |
|   |   |                            | 2                                   |                               | \$1070   |           | \$1283        |           |           |
| Spousal Impoverishment numbers:                     |   | MMMNA - \$2,488.50         |                                     | Resource Allowance - \$99,540 |  |           |               |           |           |

**HH** = Household**FMAP** = Family Medical Assistance Program**SLMB** = Specified Low-Income Medicare Beneficiaries**SSI** = Supplemental Security Income**QMB** = Qualified Medicare Beneficiaries**MMMNA** = Minimum Monthly Maintenance Needs Allowance**MNIL** = Medically Needy Income Level**PL** = Poverty Level